

# HEALTH INFORMATION MANAGEMENT PROFESSIONALS

[Current Status and Future Prospects]

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The health information management (HIM) profession is the heart of the health organisation; with each beat it supplies much-needed health information to all users, such as physicians, staff nurses, allied health professionals, health administrations, insurance companies, the Ministry of Health and others. The main role of the HIM professional is to maintain organised and accurate data, and they need to accomplish numerous tasks in order to fulfil this goal. Health information professionals, therefore, need to integrate a variety of skills, such as expertise in computer and information technology (IT), a strong knowledge of medical terminology, disease processes and other conditions, experience of clinical classification systems and excellent managerial skills, to enable them to manage the range of health information services for which they are responsible, including human resources (Abdelhak, Grostick & Hanken, 2012; Green & Bowie, 2011). The HIM professional plays a critical role in completing, protecting and ensuring the availability of high-quality clinical information for purposes including patient care, reimbursement, quality assurance, research, statistics gathering and management decision making (Goedert, 2013; Safian, 2012).

Health information management was formerly known as “medical records administration” (Bennett, 2010; Goedert, 2013). The professionals involved were responsible for protecting patients’ legal medical records, which were in paper form (Goedert, 2013). However, the introduction of IT has had a huge influence in changing the responsibilities of HIM professionals. It makes the role more complicated and divergent due to the introduction of electronic health records (EHRs) and the necessity for them to be available to many healthcare providers and others such as insurance companies, researchers, court and for administration purposes simultaneously (Goedert, 2013; Watzlaf, Rudman, Hart-Hester & Ren, 2009). The integration of IT in the healthcare system has increase the need for HIMs who understand the use and meaning of the information that forms the health record, and the language used to describe the reality of clinical treatments and financial operations, and who can operate as central planners in many new enterprise initiatives. This means more employment pathways and opportunities have become available for HIM professionals (Goedert, 2013; Watzlaf et al., 2009).

However, many HIM professionals still believe that one of the greatest challenges facing them is having the ability to provide a simple answer to the question, “What is HIM?” in the current electronic world. A recent study pointed out that HIMs run the risk of their

value being diluted in the eyes of other professional groups (Bennett, 2010). For instance, during discussions at the Technology in Healthcare summit in 2009, the absence of HIMs at the summit was noted, despite HIM professionals playing an important role in the implementation and use of EHRs (Bennett, 2010). It seems HIM is not considered a traditional hospital-based profession anymore, but also has “a non-traditional career path” (Jacob, 2013). Indeed, HIM professionals believe that unless they are able to clearly articulate what it is that they do and what it is that makes them unique, the profession will find it difficult to convince others of the importance of HIM in the future health sector workforce (Bennett, 2010; Street, 2012). Other studies state that in spite of the importance of HIM in protecting hospitals’ and patients’ clinical information, and in ensuring appropriate funding for hospitals, it is considered a hidden profession (Goedert, 2013; Safian, 2012; Shephard, 2010). Moreover, HIM professionals are the ones who understand how information is used in healthcare institutions, and they play significant roles in managing, analysing and protecting digital healthcare information; therefore, it is necessary for them to be visible at the forefront of the process (Jacob, 2013).

As such, there is a critical need to define the HIM profession accurately and to determine its key roles in the healthcare system. The overall aim of this paper is to discuss the contemporary challenges that the HIM profession faces and that influence its sustainability.

The main responsibility of the HIM profession lies in collecting, maintaining, analysing and protecting patients’ clinical information in order to facilitate quality patient care. In addition, it is important to ensure that accurate health information is available to authorised people at the right time for different purposes while, at the same time, maintaining the privacy, security and confidentiality of a patient’s clinical information (AHIMA, n.d.; Baine & Kasangaki, 2014; Goedert, 2013; Jacob, 2013; Safian, 2012; Shephard, 2010; Watson, 2008). With the development of EHRs, the roles and responsibilities of the HIM profession have become more crucial to safeguarding the confidentiality and security of patient clinical information (AHIMA, n.d.; Goedert, 2013). Despite its importance, there are many challenges influencing the sustainability of the HIM profession within the healthcare system. It is clear that most of the literature to date has tended to focus on the problems facing the HIM profession, rather than the solutions, and on the conflict of views in this area (Hurst & Kelley Patterson, 2014). Therefore, the future of HIM remains unclear, and it is important to gain more knowledge about, and a greater understanding of, the profession, with the aim of making a significant contribution to research in the HIM field.

The HIM profession takes responsibility for assessing the quality of health information in the health sector, particularly in hospitals. However, despite this important role, previous studies indicated that many people, particularly within the healthcare system,

have only a vague idea about what HIM entails. The lack of understanding and appreciation of the profession has affected the status of HIM and the sustainability of the profession in the healthcare system. One of the most significant issues perceived from the literature is the inconsistency in the name or definition of HIM (Hurst & Kelley Patterson, 2014). It is referred to in some studies as “health information” and in others as “health information systems” or “information management”. The transformation of the professionals’ title, from being known as “medical record librarians” to “medical records administrators” and currently to “health information managers”, based on the rapid development and changes in the nature of work (Bennett, 2010), may be the reason for this inconsistency. In addition, the different disciplines covered in the HIM study field, such as health science, leadership and management, law and finance and IT (Walton, 2012), have contributed to the misinterpretation of the nature of the profession. Therefore, an essential step for the profession is to attain a clear consensus on the scope of practice, roles, job titles, competencies and educational needs. Otherwise, it will remain difficult to promote the importance and uniqueness of the profession to others (Bennett, 2010).

The implementation of technology in healthcare has revolutionised HIM practice. Many studies have found that the availability of a well-trained and qualified workforce is an important factor affecting the implementation of EHR (Hersh & Wright, 2008; Hurst & Kelley Patterson, 2014). However, a conflict exists in determining the appropriate qualified staff member to ensure the success of EHR implementation. Is it the HIM professional, or is it an IT or other professional? Alternatively, is it the responsibility of different bodies, with different roles for each? Hersh and Wright (2008) attempted to determine the number of IT professionals required to ensure the effective implementation of EHR, while many other studies demonstrated the importance of the presence of HIM professionals in the success of EHR implementation (Dyson, Greene & Fraher, 2004; Hurst & Kelley Patterson, 2014). It is important to understand and clarify the meaning of success in EHR implementation, as it includes factors such as privacy and security issues, the provision of quality data and the provision of data that is fit for purpose. As demonstrated in the literature, there is no clear definition of health sector IT (Zeng, Reynolds & Sharp, 2009). Therefore, it is important, as stated by Hersh and Wright (2008), to determine which professionals play an important role in the implementation of EHR, and to clearly define their roles, in order to avoid any overlap in responsibilities. In addition, it is important to understand that there is a difference between what an information system can be expected to do, who manages it and how (Zeng et al., 2009).

“Workforce” is a widely used term in all arenas, and workforce planning has been seen as a major issue recently due to the workforce disparities that provide an obstacle to many organisations achieving their objectives. Staff satisfaction and education, and staff

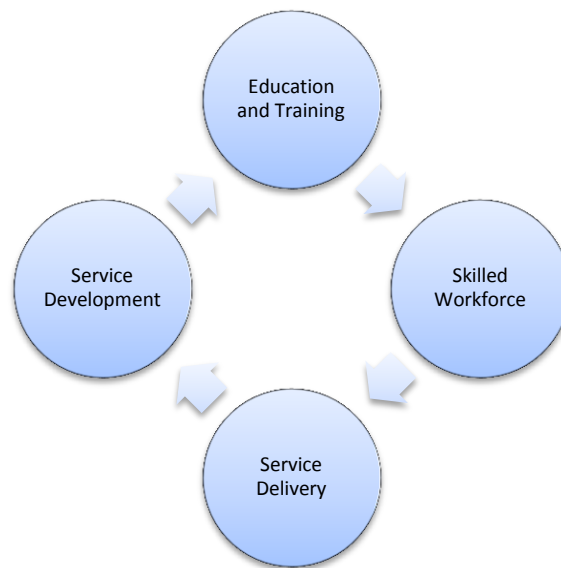
retention, are jeopardised by poor workforce planning and development (Hurst & Kelley Patterson, 2014). The same is true in terms of the health workforce (Al-Sawai & Al-Shishtawy, 2015). In the UK, the Department of Health has defined workforce planning and development as “a dynamic process, where the right staff with the right skills are in the right place at the right time at the right price” (Hurst & Kelley Patterson, 2014). Similar to the discrepancy in many health professions’ workforce supply and demand, studies have attempted to quantify the need for HIM professionals in the changing process of collecting and processing health information (Safian, 2012; Sheridan & Smith, 2009). Other studies have noted a shortage in qualified HIM professionals; however, those studies failed to identify the extent of the shortage due to various challenges. These included the unavailability of a license or certification to work in the field, the number of the HIM workforce working based on a job training program and the cross-training or cross-practicing that exists in the workforce, where a staff member with a specific credential is doing more than one job, not necessarily based on their job title or job description (Dyson et al., 2004; Ledikwe et al., 2013).

It is known that a skilled HIM workforce is a critical component of a well-functioning healthcare system. Thus, many studies emphasised the need for changes to the future configuration of the HIM workforce to take on new roles and responsibilities and to highlight the importance of capacity development as a means of improving data quality (Hurst & Kelley Patterson, 2014; Ledikwe et al., 2013; Sheridan & Smith, 2009). Therefore, to provide high-quality data for decision making, either for patient care or management and planning, it is critical to be able to clearly determine the status of the HIM profession and develop a detailed plan for the health information workforce because, as Hurst and Kelley Patterson (2014) state, the relationship between staffing and service quality is irrefutable. It is also necessary to determine a means for entry into the HIM workforce, and to set clear criteria for recruitment into that workforce based on position descriptions, job titles and the qualifications required at each level (Dyson et al., 2004; Hurst & Kelley Patterson, 2014). Finally, it is important to construct an effective and efficient recruitment strategy that is aimed at encouraging more people to become competent HIM professionals (Safian, 2012).

Education is a cornerstone in supplying the healthcare system with a qualified and trained workforce to provide a quality service and, specifically for the HIM profession, to provide high-quality data. In fact, the US Bureau of Labor Statistics showed that the HIM field is growing; medical records and health information technicians is one of the 20 fastest-growing occupations in the USA, with an expected growth of 22% between 2012 and 2022 (Bureau of Labor Statistics, 2014). In addition, according to an article by US News and World Report, HIM is now considered to be among the top developing study majors in the USA (AHIMA, 2012). Coordination between educational institutions and practicing professionals is crucial in ensuring that education meets the market demand. In addition, modification to

and the creation of new materials for an HIM educational program should be based on stakeholders' feedback (Al-Qahtani, Almansour, Alharbi, Aljasser & Alsunaid, 2013). However, several sources have identified that students are not attracted to enrol in HIM courses due the lack of recognition of the HIM profession and its unclear career path (Bennett, 2010; Dyson et al., 2004; Hurst & Kelley Patterson, 2014). Previous studies demonstrated the difficulty in tracking the numbers of HIM graduates due to the variation in the education of the HIM workforce, which has led to employers being unable to differentiate between the HIM qualifications and alignment with sets of work criteria (Dyson et al., 2004). Therefore, it is necessary to review and possibly revise the HIM competencies created by the American Health Information Management Association (AHIMA) and the Health Information Management Association of Australia (HIMAA) to ensure these meet current requirements in the workplace, and to inform future HIM educational developments based on service and workplace needs (Hurst & Kelley Patterson, 2014).

It is also necessary to consider the certification and credentialing of HIM professionals. However, HIM certification in many countries is considered optional, and can be carried out by different authorities (Dyson et al., 2004). Suzan et al. (2004) stated that having a single source of certification in each country is important in eliminating misunderstandings about the profession, as the certification will clearly define the profession, job titles, competencies and educational requirements (Dyson et al., 2004). Therefore, it is necessary to determine the qualifications framework, the allocated job titles and the key competencies. It is also important to determine the certification body for those involved in HIM before they join the workforce. The figure below displays the relationship between education and training in providing a qualified workforce to an organisation that must deliver a service. It also clarifies that service development influences the education and training sector; therefore, educators must be involved in supporting the workforce through in-service training and continuing education (Hurst & Kelley Patterson, 2014).



**Source: WP&D cycle (Hurst & Kelley Patterson, 2014)**

Due to rapid developments in the HIM profession, both Jacob and Safian have indicated that the profession now offers a range of new career opportunities (Jacob, 2013; Safian, 2012). There are many new job titles and responsibilities for HIM professionals due to that development, and AHIMA has created a career map for the HIM profession (Sandefer, DeAlmeda, Dougherty, Mancilla & Marc, 2014). In addition, another study recommended creating a website focused on the job opportunities available within the HIM field as a means to motivate students to enrol in HIM programs (Safian, 2012). However, there are doubts about the applicability of the map and the efficacy of the website in different contexts. Therefore, there is a critical need to systematically address and solve those challenges first, and then move on to determining the new career opportunities based on consensus. Safian (2012) concluded that knowledge of the availability of new career opportunities would have a great influence on the enrolment in HIM programs and increase the importance of the HIM profession.

The questions for HIM strategic planning and workforce planning are: Which body is responsible for ensuring the effectiveness and efficiencies of both kinds of planning? Which body is responsible for following up these issues? (Shepherd, 2010). It has been demonstrated that health information managers are not always present at, or invited to attend, the decision-making tables that create policies and consider employment and contracts (Abrams & Crook, 2011; Goedert, 2013). This has the potential to affect the sustainability of the HIM profession (Abrams & Crook, 2011; Shepherd, 2010). Previous studies have acknowledged generally that responsibility for ensuring the sustainability and availability of the HIM workforce lies with the government, educational and training

institutions, healthcare institutions and HIM professionals themselves (Shepherd, 2010). However, it is important to determine clearly the bodies responsible for planning, and to specify the extent of their input, to ensure transparency when addressing the issues currently facing the HIM profession, such as those related to workforce demands and career opportunities. The recommendation from the workforce report is to form a strategic relationship by developing a single body to represent HIM (Hurst & Kelley Patterson, 2014; Shepherd, 2010).

In spite of the importance of HIM to the healthcare system in recent years, policy makers and leaders have paid scant attention to the role of HIM professionals. Thus, there is now a specific and crucial need to raise the recognition of the HIM profession by addressing all current challenges and making plans to cope with the ones to come. This will require all loyal HIM professionals to join hands in each of their contexts. In addition, HIM professionals must maintain their own strength and motivation, and that of their subordinates and peers, because as stated by HIM expert Professor Phyllis Watson, “Are we still strong to face the challenges and raise the status of the profession?” (Watson, 2008).

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